

CONSUMER TASTING EVENT NOTIFICATION FORM

FOR WHOLESALE LICENSEES HOLDING A CONSUMER TASTING PERMIT

Please complete the requested information and fax this form to the Division of ABC at (609) 292-0691 at least **10 days prior** to the date of the Consumer Tasting. Be advised all products to be sampled **must be** brand registered in the State of New Jersey.

TO: **DIANE M. WEISS**
EXECUTIVE ASSISTANT-IN-CHARGE-OF
LICENSING BUREAU

TELEPHONE NO. (609) 292-0322
FAX NO. (609) 292-0691

Please Type or Print Clearly

Wholesale Licensee Name _____

Wholesale License No. _____

Consumer Tasting Permit No. _____

Social Affair Permit No./Plenary Retail Consumption License No. _____

Permittee or Licensee Name _____

Date of Tasting _____

Time _____

Location and Address _____

Solicitor Permit No. _____ **Solicitor's Name:** _____

Solicitor Permit No. _____ **Solicitor's Name:** _____

Solicitor Permit No. _____ **Solicitor's Name:** _____

Solicitor Permit No. _____ **Solicitor's Name:** _____

Contact Person _____

Contact Person Telephone No. () _____

Contact Person Fax No. () _____

Solicitor Permit No._____ **Solicitor's Name:**_____

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BRAND REGISTRATION NUMBER AND ITEMS TO BE TASTED AT EVENT:

Please Type or Print Clearly

BRAND REGISTRATION NUMBER:

BRANDS:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____